



DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

CBP APPLICANT RELEASE OF LIABILITY

File Number: _____ **Exam Location:** _____

I, _____ (*print full legal name*), an applicant for a position with U.S. Customs and Border Protection ("CBP"), hereby authorize a qualified polygraph examiner to administer a polygraph examination to me. I understand that applicants for law enforcement officer positions at CBP are required to undergo a polygraph examination as part of the background investigation.

I understand that it is my responsibility to notify the polygraph examiner of any known pre-existing conditions that might, in any way, adversely affect my ability or safety during the polygraph examination. If I have any pre-existing conditions that might, in any way, adversely affect my safety during the polygraph examination, I understand that I should consult with a physician before submitting to the polygraph examination. I understand that by signing this agreement, I represent that I am in adequate physical and mental condition to submit to a polygraph examination.

I, my guardians, heirs, executors, administrators, and assigns hereby release and forever discharge and agree not to sue CBP, the Department of Homeland Security ("DHS"), and CBP's and DHS's employees, officers, and agents, their heirs, successors, or assigns (*the "Released Parties"*), and agree to hold the Released Parties harmless of and from any and all actions or omissions, rights or causes of action, suits, damages, judgments, claims, and demands whatsoever, present or future, in law or in equity, whether known or unknown, which arise out of, result from, occur during, or are connected in any manner with my polygraph examination. I hereby agree to indemnify and hold harmless the Released Parties from and against any actions or claims, including, but not limited to, any and all attorneys' fees, costs, losses, expenses, damages, and/or judgments, which may be made by me or on my behalf in respect of, or arising out of, any injury, loss, or damage caused to me or my property whether by my negligence or in any way whatsoever.

I agree that if any part of this Agreement is found to be unenforceable, the unenforceable term(s) shall be severed from this Agreement and the rest of the Agreement shall remain valid and enforceable.

I certify that I have read, understand, and voluntarily agree to the terms of this waiver and release. I voluntarily agree of my own free will to submit to a polygraph examination in connection with a background investigation concerning employment with U.S. Customs and Border Protection.

(Applicant Signature)

(Date)

(Time)

(Examiner Signature)

(Examiner Name)

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. § 552a (e)(3), this Privacy Act Statement serves to inform you of how U.S. Customs and Border Protection (CBP) uses your personally identifiable information on this form.

AUTHORITY: CBP is authorized to collect and maintain the information on this form pursuant to the Anti-Border Corruption Act of 2010 (Public Law 111-376); Title 6 U.S.C. 221, Requirements with respect to administering polygraph examinations to law enforcement personnel of U.S. Customs and Border Protection.

PURPOSE: The purpose of the CBP Applicant Release of Liability is obtain the applicant's authorization for a qualified polygraph examiner to administer the polygraph to the applicant. The applicant is required to sign this form prior to the polygraph examination.

ROUTINE USE: CBP uses the information to document your authorization to administer the polygraph examination; and to allow you to represent that you are in adequate physical and mental condition to undergo a polygraph examination. A complete list of the routine uses can be found in the system of records noticed associated with this form, DHS/All-023-Personnel Security Management System, available at: <https://www.gpo.gov/fdsys/pkg/FR-2010-02-23/html/2010-3362.htm>.

DISCLOSURE: Providing this information is voluntary. However, failure to provide this information may result in a delay in your polygraph examination; a polygraph is required for the position you have been selected for and have accepted a tentative job offer.